

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CE

Attorney Docket No.: 1849.16102-A CIP 2

Serial No.:

09/520,856

Examiner: J. Russel

PATEN

Filed:

7 March 2000

Hnojewyj et al.

Group Art Unit: 1653

For:

Biocompatible Material Composition Adaptable to Therapeutic Indications

U.S. Patent and Trademark Office Box Sequence P.O. Box 2327 Arlington, VA 22202 RECEIVED
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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

[x] a small entity

[] other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: U.S. Patent and Trademark Office, Box Sequence, P.O. Box 2327, Arlington, VA 22202.

Judith Dunaway

Type or print name of person mailing paper

Date: 18 February 2003

(Signature of person mailing paper)

02/25/2003 HBLANCO 00000001 09520856

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985.00 OP

EXTENSION OF TERM

NOTE:	"Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been lied. Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment expiration of the shortened statutory period.							
	a Notice the time	of Appea ly-filed res	se has been filed after a Final Office Action, an extension or filing and/or entry of an additional amendment after of ponse placed the application in condition for allowance. C utory period, the period has ceased to run." Notice of Do	expiration of the shortened statutory period unless of course, if a Notice of Appeal has been filed within				
NOTE:	See 37 CFR 1.645 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.							
3.	The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply							
			(complete (a) or (b) as applical	ble)				
	(a)	[x]	Applicant petitions for an extension of tim 1.17(a)-(d) for the total number of months					
[] [] []	Extens (montl) one m two me three if four m	hs) onth onths months onths	Fee for other than <u>Small Entity</u> \$ 110.00 \$ 410.00 \$ 930.00 \$ 1450.00 \$ 1970.00	Fee for <u>Small Entity</u> \$ 55.00 \$ 205.00 \$ 465.00 \$ 725.00 \$ 985.00				
			Fee: \$ 985.00					
	If an a	dditiona	I extension of time is required please cons	ider this a petition therefor.				
			(check and complete the next item, if	applicable)				
	[]	therefo	ension for months has alror of \$ is deducted from ension now requested.	months has already been secured and the fee paid is deducted from the total fee due for the total months requested.				
	Extension fee due with this request: \$							
			OR					
	(b)	[]	Applicant believes that no extension conditional petition is being made to provinadvertently overlooked the need for a p	de for the possibility that applicant has				

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*		-20 =	(20)	x \$ 9.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**		-3 =	(3)	x \$ 42.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))				\$140.00	\$0	\$0
Total Additional Fee					\$0	\$0

If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

(c) [x] No additional fee for claims is required.

OR

(d) [] Total additional fee for claims required \$_____.

FEE PAYMENT

5.	[x]	Attached is a c	heck in the	sum of \$	<u>985.00</u>
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[] Charge Account No._____ the sum of \$____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY

If there is a fee deficiency and there is no authorization to charge an account, additional fees NOTE: are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33). If any additional extension and/or fee is required, charge Account No. _____ 6. [x] AND/OR [x] If any additional fee for claims is required charge Account No. 06-2360 Reg. No.: 29,243 Daniel D. Ryan TYPE OR PRINT NAME OF ATTORNEY Tel. No.: (262) 783 - 1300 RYAN KROMHOLZ & MANION, S.C. P.O. ADDRESS

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